



Reg. Fee: _____ Date Rec'd: _____
 App.:1 _____ OB AOTR: 2 _____ OB Fam. Info.:3 _____ OO
 Transportation:4 _____ OO/CLS Fees, etc Info. Only: 5/6
 ACH:7/8 _____ yes/no OB Activity Permit:9 _____ OO/CO
 Birth Cert. _____ Shot Rec. _____ Student Driver _____ yes/no
 Start Date: _____ Student ID: _____

Student's Name_____	SS#_____	DOB_____	Grade Applied_____
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METRO CHRISTIAN ACADEMY
A Ministry of Metro Baptist Church
ACKNOWLEDGMENT OF TUITION RESPONSIBILITY
2019-2020 SCHOOL YEAR

1) REGISTRATION FEE (non-refundable):

<i>Dates</i>	<i>Registration Fee</i>	
2/01/19- 2/28/19	\$150	Registration fee MUST accompany application in order to be processed and receive discounts.
3/01/19-3/31/19	\$200	
4/01/19 & after	\$225	

2) TUITION:

K5-5 th Grade	\$4,650.00
6 th -12 th Grade	\$4,860.00

*****PLEASE NOTE: NO BILLING STATEMENTS WILL BE MAILED THIS YEAR.**
PLEASE CHECK SYCAMORE FOR BALANCES OR CONTACT THE SCHOOL OFFICE. ***

Annual Tuition Discounts:	2 nd Child	\$200.00	Early Registration (Returning students registered by 2/28/19)
	3 rd Child	\$200.00	Prepayment 5% (Semester's tuition paid-in-full by first day)
	4 th Child	Free	Alumni 5%
	Active MBC Member	\$350.00	ACH \$100.00 (Withdrawal on 10th. Limit:\$10/mo/student)

Referral Discount:

Your family will receive a \$250.00 credit on your May 2020 school bill for each new family that you refer to MCA, as long as the referred family attends for one complete school year.

3) FEES: Per enrollment fee cost sheet

All tuition and fees listed above are on a "per student" basis and accounts will be billed monthly (June-May) to include tuition, extended care, late fees, lunches, and any other charges accumulated during the month.

_____ (Please initial) I HEREBY ACKNOWLEDGE THAT I HAVE READ THE METRO CHRISTIAN ACADEMY TUITION RATES AND ACCEPT MY RESPONSIBILITY TO KEEP MY CHILD'S ACCOUNT UP TO DATE. I understand that all tuition payments are due on or before the tenth of each month, and are delinquent after the 10th. In the event that an account becomes 10 days past due and no arrangements have been made in writing with the financial office, the student(s) will be withdrawn from class until the account is current. A late charge of \$20.00 will be added to the unpaid account after the 15th.

_____ (Please initial) I AGREE TO PAY THE SERVICE FEE OF \$25.00 IN THE EVENT MY CHECK IS RETURNED TO THE SCHOOL BY MY BANK FOR INSUFFICIENT FUNDS OR MY ACH WITHDRAWAL IS DECLINED.

_____ (Please initial) I AGREE TO PAY ALL ACCOUNTS BEFORE ANY SCHOOL RECORDS WILL BE FORWARDED OR REPORT CARDS/PROGRESS REPORTS/DAYCARE TAX STATEMENTS WILL BE ISSUED. When terminating enrollment, parents will be charged through the current monthly period.

_____ (Please initial) I AGREE TO BE RESPONSIBLE FOR ANY AND ALL COLLECTION FEES WHICH METRO CHRISTIAN ACADEMY AND/OR METRO BAPTIST CHURCH MAY INCUR UPON MY FAILURE TO PAY MY ACCOUNT.

_____ 1 st Child's Name (Please Print)	_____ Grade	_____ Parent/Guardian (Please Print)	
_____ 2 nd Child's Name(Please Print)	_____ Grade	_____ Signature	_____ Date
_____ 3 rd Child's Name (Please Print)	_____ Grade	_____ Parent's Driver's License Number	
_____ 4 th Child's Name (Please Print)	_____ Grade	_____ Parent's Social Security Number	

2 OB

Family Information Sheet: 2019-2020

Please complete in Blue or Black ink only.

Father's Name _____ Lives with students: Yes or No

Father's Address _____
Street City/State Zip Code Home Phone _____

Father's Employer _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Lives with students: Yes or No

Mother's Address _____
Street City/State Zip Code Home Phone _____

Mother's Employer _____ Work Phone _____ Cell Phone _____

Parent's Email Address _____

☐

Initial

I give my consent for photographs of my child(ren) taken during the course of a school day or at school sponsored activities to be used for MCA advertising purposes either in print or on school social media.

Emergency name and number to call if we are unable to reach parents: _____

1st Student's Name

Name: First Middle Last DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

List current medications

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

2nd Student's Name

Name: First Middle Last DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

List current medications

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

3rd Student's Name

Name: First Middle Last DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

List current medications

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

4th Student's Name

Name: First Middle Last DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

List current medications

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

3 OF/no copy

Transportation Plan: 2019-2020
Please complete in Blue or Black ink only.

Please list all children to which this form applies at the right. Children with a different plan must be on a separate form.

Name (first & last) _____	Grade _____	Birthday _____
Name (first & last) _____	Grade _____	Birthday _____
Name (first & last) _____	Grade _____	Birthday _____
Name (first & last) _____	Grade _____	Birthday _____

Legal Custody Cases and Pick-Up Restrictions

Please be aware that in the case of legal divorce or custody issues, we **must** have a copy of the legal custody papers/parenting plan in the child's file in order to enforce them. Please indicate in the following blanks any parent, relative, or other adult that may not pick up your child per these documents.

Name _____ Is the legal documentation provided to us? Y or N

☐ Admin.
Initials

If there is joint custody or a visitation plan, please explain the arrangement in relation to pick-up:

Metro Christian Academy requires parents to have on file, for each child at the school, a list designating adults allowed to pick up your child. This list will be used to verify who may and may not be allowed to pick up your child from the school. Persons on the transportation list that pick up a child may be required to show a Photo ID. In an emergency, a note signed by a custodial parent that designates someone other than the persons listed on the transportation form to pick up a child will be accepted. In joint or pending custody cases both parents must sign or give permission for alternate pick-up plans. **Please Note:** Metro Baptist Preschool and MCA employees will notify authorities if the administration feels that a parent or guardian may place the child(ren) they are seeking to pick up at immediate risk. (Example: If a parent appears intoxicated and is driving the vehicle the child(ren) are to leave in.) If any person other than a parent arrives to pick-up the child(ren) and it appears that they may place the child(ren) at risk, the child(ren) will be held and a parent notified and asked to make alternate pick-up arrangement.

Please include both parents' names when applicable.

Name Please include parent name(s)	Relationship	Check one of these 3 columns			Phone Number
		At any Time	Only with Permission	Per Visitation Plan	
1.	Father				
2.	Mother				
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

I designate the above adults to pick up my child. _____
Parent's Signature
Date

ALL CHANGES MUST BE MADE IN PERSON ON THE ORIGINAL TRANSPORTATION PLAN IN THE OFFICE.

4 OO/CLS

METRO CHRISTIAN ACADEMY

A Ministry of Metro Baptist Church

Enrollment Fees: 2019-2020

AMOUNT

1) REGISTRATION FEE (non-refundable):

Dates: 2/01/19-2/28/19... Form & money submitted by 2/28 qualifies for Early Registration Discount on Tuition **\$150**

3/01/19-3/31/19..... **\$200**

4/1/19 & after..... **\$225**

2) TUITION:

K5-5th Grade **\$4,650.00**

6th-12th Grade **\$4,860.00**

Payable in 10 monthly installments

June 10th to May 10th

*****PLEASE NOTE: BILLING STATEMENTS WILL NOT BE MAILED MONTHLY. CHECK SYCAMORE FOR BALANCES, OR CONTACT THE SCHOOL OFFICE.**

Annual Tuition Discounts:

2nd Child **\$200**

3rd Child **\$200**

4th Child **Free**

Active MBC Members **\$350**

Early Registration Discount **\$200**..... *Returning students registered by 2/28/19*

ACH (Automatic Bank Withdrawal) **\$100**..... *School balance will be drafted monthly on the 10th (including all fees, tuition, lunches, and other charges June – May)*

Prepayment Discount **5%**..... *Semester's tuition paid-in-full by first day*

Alumni Discount **5%**

Referral Discount:

Your family will receive a \$250 credit on your May 2020 school bill for each new family that you refer to MCA, as long as the referred family attends for one complete school year.

3) FEES (non-refundable after 8/1/19):

A) Required Fees	Date Due	K5	Grades 1-4	Grade 5	Grade 6-7	Grades 8-11	Grades 12
JUNE: Comprehensive	June 10	\$170	\$170	\$170	\$170	\$170	\$170
JULY: Book Rental Fee	July 10	\$175	\$175	\$175	\$200	\$200	\$200
AUG: Music Fee- Elementary	August 10	\$30	\$30	\$30			
Art/Computer Supply Fee	August 10	\$30	\$30	\$30			
Graduation	August 10	\$30					\$90
Testing ACT practice testing	August 10					\$30	\$30
SEPT: Science Lab Fee**	Sept 10				\$35	\$35	\$35
Music Fee- Jr/Sr High**	Sept 10				\$20	\$20	\$20
Computer Lab**	Sept 10					\$30	\$30
TOTALS		\$435	\$405	\$405	\$425	\$485	\$575

B) Additional Fees		
Entrance Exam	\$100	New Students
Nap Mat	K5 Only	\$30
Credit Card Convenience Fee	2% fee per transaction	

****NOTE:** The Jr/Sr High Fees for Science, Music, and Computer will only be charged to those students taking the courses. ALSO, additional charges may be assessed for items like sports, TACS competitions, etc. if you choose to participate.

....EXTENDED CARE AND LUNCH CHARGES ON REVERSE SIDE....

❖ ELEMENTARY

Students may be dropped off at the main school entrance door between 7:45-8:00 AM.
The classroom doors open at 7:45 AM.
School begins promptly at 8:00 AM.

❖ MIDDLE SCHOOL AND HIGH SCHOOL

Students may be dropped off at the main school entrance door between 7:30-7:45 AM.
Classroom doors open at 7:30 AM.
School begins promptly at 7:45 AM.

DROPPING OFF OF STUDENTS

***With No
Extended Care
Charge***

EXTENDED CARE PROGRAM

❖ BEFORE-SCHOOL CARE (7:00-7:45 AM)

Supervision will be provided for early arrivals by adult supervisors beginning at 7:00 AM to 7:45 AM. All students arriving before their classroom doors open must report to the gymnasium. Students arriving prior to 7:30 AM will be charged for before-school care. There is no charge for Grades K5-5th from 7:30-7:45 AM.

The cost for before-school care is \$2.10/per child/per day for any part of the half hour.

❖ AFTER-SCHOOL CARE (3:00-6:00 PM)

Supervision will be provided on a daily basis through our after-school care program for all students who still remain 15 minutes after their regular dismissal time. All students who are not part of a school sanctioned after-school activity are **required** to report to the after-school care program. A teacher escorts students to late stay after the 15 minute pick up time period is completed. Only an adult listed on your child's transportation plan is allowed to pick up your child from after-school care.

The cost for before or after-school care is \$2.10/per child per half hour or any part of the half hour. Minimum after-school care charge is \$2.10/per child/per day.

❖ LATE PICK UP FROM AFTER-SCHOOL CARE (after 6:00 PM)

If your child is picked up between 6:00 PM-6:30 PM, there will be a \$15.00 charge per quarter hour. After 6:30 PM, the charge doubles to \$30.00 per quarter hour.

LUNCH PROGRAM

Plate lunch and drink cost: \$3.80

Metro Christian Academy has a hot lunch program. A menu is sent home at the beginning of each month. The price for a plate lunch is \$3.80. If the student orders an extra entrée, drink or ice cream, there is an additional charge. Lunch charges will be added to your next month's school bill. Students may bring their lunch and purchase drinks (white/chocolate milk or lemonade) from the lunchroom. Please do not put carbonated drinks in thermos bottles. Please do not send food or drinks with **red or blue** food dye. Secondary students (grades 6th-12th) have a snack break at 9:45am due to a late lunch time. Snacks and/or bottled water may be purchased at this time (cash only).

METRO CHRISTIAN ACADEMY

IMPORTANT AUTO PAY INFORMATION

- A new Auto Pay form must be submitted each year.
- Please submit completed authorization form 2 weeks prior to the first requested draw date.
- If the “flat-amount” option is chosen, it must be at least the monthly tuition rate. You are responsible to pay any additional balance not covered by the monthly draw by the normal due date.
- Auto payments are treated the same as payments by check. They are subject to a \$25 return fee if they do not clear. They will NOT be processed again and a replacement payment will need to be made.
- You can cancel your Auto Pay option by making a written request submitted 2 weeks before the next scheduled draw date.
- Up to **TWO (2)** adjustments to your auto bank draft schedule will be allowed due to unforeseen circumstances. Upon request of a **THIRD** draft adjustment (financial amount or date) you will be removed from the auto bank draft and must pay in the office by the 10th of each month.

*****PLEASE NOTE: Automatic bank drafts each month will include the entire balance on the account as of the day of the withdrawal (10th or 15th) unless previous arrangements have been made in the school office.*****

START DATE: _____

Metro Christian Academy Automatic Withdrawal Form

Authorization Agreement of Pre-Authorized Payments

☐

Yes, I (we) hereby authorize Metro Baptist Church/Metro Christian Academy to initiate a debit entry to my checking account indicated below.

☐

No, I (we) do not wish to use the auto-draft form of payment.

Signature _____

If you choose "no", disregard the rest of this form.

Account Name: _____

Student Name: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Routing No.: _____ Account No.: _____

AMOUNT TO BE DEDUCTED: Please check one.

☐

TOTAL BALANCE ON ACCOUNT
AS OF DATE OF WITHDRAWAL

FLAT AMOUNT OF \$ _____

(must be at least amount of monthly tuition)

ACH DATE: Please check one.

☐

WITHDRAW ON THE 15th of Each Month: June – May (includes fees assessed in summer months)

☐

WITHDRAW ON THE 10th of Each Month: June – May (includes fees assessed in summer months)

This authority is to remain in full force and effect until MBC/MCA has received written notification from me (or either of us) of its termination. This termination notification must be received 2-weeks prior to next scheduled draw date.

NAME: _____ DATE: _____

(Please print)

SIGNED: _____

If second signature is required on your account:

NAME: _____ DATE: _____

(Please print)

SIGNED: _____

ATTACH A VOID CHECK TO THIS AUTHORIZATION



**MetroChristian
Academy**

A MINISTRY OF METRO BAPTIST CHURCH
322 East Cedar Street Goodlettsville, TN 37072
(615) 859-1184, ext. 120 (615) 859-5562 fax

Activity Permit: 2019-2020

Event: Field Trips, School & Sports Events, & Senior/Mission's Trip

To Whom It May Concern:

As a parent and /or guardian, I do herewith authorize Metro Christian Academy/ Metro Baptist Church and their representatives to secure any medical treatment necessary which, if delayed, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold the above mentioned or Metro Christian Academy responsible in the event of an accident that may harm my child.

My child has permission to travel to any of the above mentioned activities/events.

Name of Minor: _____ SSN# _____

Address: _____

Home Phone: _____ Date of Birth: _____

Any current medical conditions: _____

Allergies: _____

Current Medication(s): _____

Mother's Name: _____

Employer: _____ Work # _____ Cell # _____

Dad's Name: _____

Employer: _____ Work # _____ Cell # _____

Insurance Co.: _____ Policy #: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Relationship to student: _____
Signature of Parent or Legal Guardian Required

Notarized by: _____
(NOTARY AVAILABLE IN THE SCHOOL OFFICE)

Date: _____

Expiration Date: _____

9 00/CO